

EMS Trauma Subcommittee  
Meeting Summary  
September 11<sup>th</sup>, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on September 11th at 1500. There were 25 people in attendance, with 6 people on the conference call.

Claudia with ATERF discussed upcoming PHTLS classes and provided information on the location of these.

We heard an update from the air subcommittee regarding AWIN radios for helicopters. A financial analysis is still in progress looking at handhelds vs. mobile units. This will be discussed in November, and we should get feedback at that time.

There are still a total of 9 services with outstanding backfill agreements. These services have been contacted by the health dept.

Greg and Ryan updated us on the progress of the data audits. They have obtained run logs from several services and compared them to the state data. Several areas in need of improvement have been identified, and they will continue to work with these services to improve the quality of this data.

We have now filled all 13 of our voting membership positions, as outlined by our bylaws, including several permanent alternates. We held an election of officers. Cathee Terrell, the GAC rep, was elected secretary. KC Jones, the TAC rep, was elected vice-chair. Clint Evans, the CATRAC rep, was elected chair.

Prior to this meeting, the EMS data software initiative was presented to the Finance subcommittee. This was received well overall. The committee did ask for this funding to be tied to the deliverables, and also wanted to see a business model. Greg will work on this, and we will present this again at the next Finance meeting.

We then reviewed an ATCC report which documented EMS utilization of the ATCC from January 1<sup>st</sup> of this year to the present. The ATCC had been contacted a total of 7698 times during this time period. The number of contacts per service ranged from zero to 506. The report seems to demonstrate that several services are not utilizing ATCC as intended. Some are calling for a large amount of minor traumas, while some are not calling at all. We discussed reasons for this, and tried to identify barriers to the process. Jeff will continue to provide this report to us on a regular basis.

We then reviewed the urgent trauma transfer language again. It was proposed to strike the time frames listed in the initial document. This sparked a related discussion. The current language specified that the ATCC would contact the transferring EMS agency, notifying them of the urgent transfer. However, there are many hospitals that utilize multiple EMS agencies for transfers, particularly in the Northwest. There was also concern about not wanting to infringe on a local services franchise. Jeff proposed attempting to utilize the dashboard to list the services

that the hospital would typically use. There was some talk of implementing a rotation, but the consensus was the ATCC would not keep up with a rotation. Jeff will look into using EMS Systems to include this info. As for the question of the time frames, it was decided to strike the 20 minute timeframe for the urgent transfers, but keep the one hour time frame for the non-urgent transfers.

We again discussed ideas for FY14 funding. We would like to get away from using population, as this has caused a number of inequities. We discussed using trauma runs, as submitted to the state, to divide the funds instead. This will require some experimentation with the numbers. We will look at this in greater detail in the future.

Our next meeting will be October 9th at 1500.